

**Barquest v. Farmers Administrator
PO Box 1948
Faribault, MN 55021-6091**

**Objection Form
Barquest v. Farmers**

Name: _____ Telephone: _____
First Middle Last

Address: _____
Address City/town State Zip code

Claim No.:

Do you object to the production of your PIP claim file pursuant to the notice? YES _____
NO _____

If you object, please state why you object:

If the Court decides to order your file produced pursuant to the notice, please describe in detail what additional protections (in addition to those already taken by the Court as stated in this notice) you want the Court to undertake to protect your PIP claim file (you may attach additional pages if necessary).

State why you think these additional protections are necessary.

In the space below please sign and date this form as indicated.

Signature

Date

MAIL TO FARMERS ADMINISTRATOR AT PO BOX 1948, FARIBAULT, MN 55021-6091; MUST BE RECEIVED BY OCTOBER 13, 2008